

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

**REFINANCING
CALIFORNIA FORM 460**

COVER PAGE

Statement covers period	01/01/2014	
from		
through	06/30/2014	
<p>1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> Primarily Formed Ballot Measure Committee</p> <p><input type="radio"/> State Candidate Election Committee <input type="radio"/> Controlled</p> <p><input type="radio"/> Recall <input type="radio"/> Sponsored</p> <p>(Also Complete Part 5) (Also Complete Part 6)</p> <p><input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)</p> <p><input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee</p> <p><input type="radio"/> Political Party/Central Committee</p>		
<p>SEE INSTRUCTIONS ON REVERSE</p>		

3. Committee Information			
CANDIDATE'S NAME (IF NO COMMITTEE) Patino For Mayor 2016			
I.D. NUMBER 1342332			
STREET ADDRESS (NO P.O. BOX) 2624 Airpark Drive			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93455	(805) 934-5737
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			

3 Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Patino For Mayor 2016

STREET ADDRESS (NO P.O. BOX)
2624 Airpark Drive
CITY
Santa Maria

OPTIONAL: FAX / E-MAIL ADDRESS
tom@martinezassoc.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/23/14 Date 7-28-2014 Date

Executed on _____ Date _____
Executed on _____ Date _____

Tonya Seward *Office of the State Treasurer*
Signature of Treasurer or Assistant Treasurer

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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e:	CITY CLERK'S OFFICE CITY OF SANTA MARIA	

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)

Quarterly Statement

Special Odd-Year Report

Supplemental Preelection Statement - Attach Form 495

Treasurer(s)			
NAME OF TREASURER	MAILING ADDRESS	STATE	ZIP CODE
Tom Martinez	2624 Air Park Dr.	CA	93455
NAME OF ASSISTANT TREASURER, IF ANY	MAILING ADDRESS	STATE	ZIP CODE
Trent Benedetti	2151 S. College Dr., Ste. 101	CA	93455
MAILING ADDRESS	CITY	STATE	ZIP CODE
Santa Maria	Santa Maria	CA	93455
OPTIONAL: FAX / E-MAIL ADDRESS			

The information contained herein and in the attached schedules is true and complete. I certify

Signature of Treasurer or Assistant Treasurer

Signature of Candidate, State Measure Proponent or Responsible Officer of Sponsor


Officeholder, Candidate, State Measure Proponent
Officeholder, Candidate, State Measure Proponent

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
FPPC Form 480 (January/05)
State of California

Recipient Committee
Campaign Statement
Cover Page—Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA 460 FORM

Page 2 of 5

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Patino for Mayor 2016

Statement covers period	CALIFORNIA FORM
from <u>01/01/2014</u>	460
through <u>06/30/2014</u>	Page <u>3</u> of <u>5</u>

I.D. NUMBER
1342332

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>0.00</u>	\$ <u>0.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>0.00</u>	\$ <u>0.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>578.20</u>	\$ <u>578.20</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>578.20</u>	\$ <u>578.20</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>578.20</u>	\$ <u>578.20</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>1,975.68</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ <u>0.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>85.00</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>578.20</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>1,482.48</u>	
	<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>0.00</u>	
18. Cash Equivalents	See instructions on reverse \$ <u>0.00</u>	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>0.00</u>	

Cash Equivalents and Outstanding Debts

SUMMARY PAGE
FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/227-3772)

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Patino for Mayor 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	Independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	Page <u>4</u> of <u>5</u>
	I.D. NUMBER <u>1342332</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO			152.20
Netfile 2707-A Aurora Road Mariposa, CA 95338	WEB			341.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 493.20
2. Unitemized payments made this period of under \$100 \$ 85.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 578.20**

